

**Family Dependents Life Insurance**

This coverage is available in units of \$5,000 to a maximum of \$20,000, but not to exceed 100 percent of your combined Basic and Additional Life coverage. Child coverage will equal 50% of Spouse coverage to a maximum of \$10,000. The minimum Child coverage is \$5,000

All late applications and requests for coverage increases will also require medical underwriting approval after the 2007 enrollment period, May 1<sup>st</sup> through May 31<sup>st</sup> 2007.

**Family Dependents Rates**

If you elect Dependents Life insurance for your family, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck per pay period.

Dependent Life - Semi-Monthly			
Spouse Amount	Child(ren) Amount	Per Member Semi-Monthly Premium (12 months)	Head Start Semi-Monthly Premium (10 Months)
\$20,000	\$10,000	\$10.00	\$12.00
\$15,000	\$7,500	\$7.50	\$9.00
\$10,000	\$5,000	\$5.00	\$6.00
\$5,000	\$5,000	\$2.50	\$3.00

**When Family Coverage Ends**

Your brochure includes information about when your Basic and Additional insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life Insurance ends
- The date Dependents Life Insurance terminates under the *group policy*
- The date your *employer's* coverage under the *group policy* for Dependents Life Insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life Insurance
- When the *dependent* ceases to be an eligible *dependent*
- For your *spouse* the date of your divorce or legal separation
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given